

## Bowel Surgery

### Enhanced Recovery After Surgery (ERAS)

# A Guide to **Bowel Surgery**



This guide will help you understand, prepare for, and recover from your surgery. Take this guide with you on the day of your surgery and use it throughout your recovery.



by Healthcare Excellence Canada and partners





## IMPORTANT

Information provided in this guide is intended for educational purposes. It isn't intended to replace the advice or instruction of a healthcare professional or to replace medical care. Contact a member of your healthcare team if you have any questions related to your care.

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### Notes to readers

When you see a blank line, it is a space we left for you to fill with your information about your surgery.



by Healthcare Excellence Canada and partners

This material is also available through the Enhanced Recovery Canada website:

[www.enhancedrecoverycanada.ca](http://www.enhancedrecoverycanada.ca)



[www.healthcareexcellence.ca](http://www.healthcareexcellence.ca)

The McGill University Health Center is acknowledged for their original contribution to the design and illustrations used to develop this resource.

This guide is also available in French.

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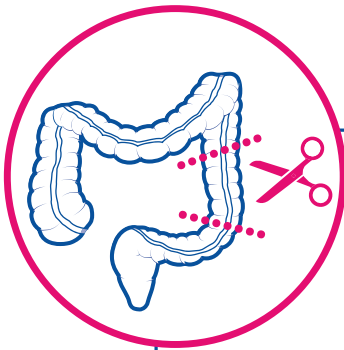
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# Summary

You are reading this document because your healthcare team recommends that you have bowel surgery. .

In this section, we summarize the information contained in this guide. We will give you a short explanation of what to expect and what you can do to participate in your own health and care. You will find more information in the rest of this guide.

Your healthcare team will talk with you about the information in this guide. Bring it with you when you come to the hospital.



## What is bowel surgery?

A bowel surgery is an operation in which a part of your bowel that is unhealthy is removed. It is also called colorectal surgery.

The bowels are in your belly. They help your body get nutrients and fluid from your food. The bowels also move waste out of the body.

Your surgeon will describe the type of bowel surgery you will have as there are different types.

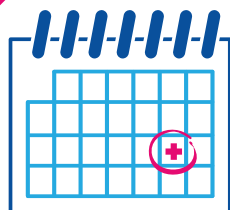
Some people also need to have an ostomy. An ostomy is an opening in the belly made during surgery where stool and gas pass out into a bag instead of out your anus.

Your surgeon will tell you if you need an ostomy or not. If you need one, a nurse will show you how to take care of it.

This guide explains what you can do to heal better and safely. .

You can help at 3 important moments:

- before your surgery
- at the hospital
- at home



## Before your surgery:

There are different ways you can prepare for your surgery. Here is a summary of the important information you need to know.

### **Taking good care of you before your surgery**

- Make sure you exercise and eat well.
- Try to limit smoking and alcohol use.

### **Planning your return home**

You will need help around the house after your surgery. We suggest you make a plan. Also, since you won't be able to drive, you must arrange a ride to and from the hospital.

### **Meeting with your healthcare team**

Before your surgery, you will have a clinic visit. During this visit, your healthcare team will check your health and plan your care. You may also have some tests.

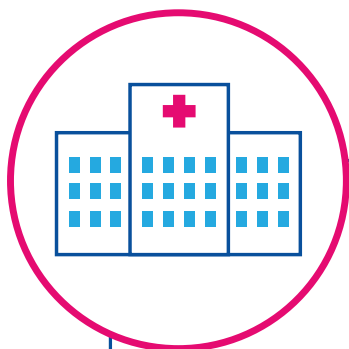
Tell your healthcare team what medications you're taking and don't hesitate to share anything you're worried about. We suggest you prepare a list of questions you would like to ask during the visit.



Your healthcare team will tell you how to get ready.

After this visit, you should know:

- ☐ What medications to take before your surgery.
- ☐ What to eat and drink before your surgery.
- ☐ What to do if you need to clean your bowels for surgery.
- ☐ What to bring to the hospital.



# At the Hospital:

## **Going to the hospital**

Make sure you arrive at the time we gave you. Also, bring your medication and other important items that were discussed during the clinic visit.

You will meet the surgical team before your surgery. You will get medication to be asleep during your surgery.

We will let your family or friends know when they can see you.

## **Pain after your surgery**

After your surgery, tell us if you're having pain that stops you from moving. This will help your healthcare team know how to control any pain you may have.

## **Moving after your surgery**

Start moving around after your surgery as soon as you can. We suggest you sit up, stand and walk. This will help you recover better and prevent serious problems.

## **Setting goals for your recovery**

For each day at the hospital, we suggest you set some goals that will help you recover better. For example:

- breathe well
- be active
- control your pain well
- eat and drink well

Follow the exercise plan your healthcare team gives you. This guide shows how to do these exercises.



## At Home:

Once you get home, there are many things you can do to quickly recover from your surgery.

### **Take your pain medication**

Take your pain medication so that you can be more active and heal faster. Make sure you know when to take it and what the side effects can be.

A note of caution: it is important to control your pain safely but not to take pain medication if you don't need it.

### **Eat well**

Eat foods that have protein to help your body heal.

Drink plenty of fluids to stay hydrated. Fluids help reduce constipation.

### **Exercise**

Remember, exercising is very important for your recovery, even at home. Exercise regularly: a 10-minute walk is a good start. Increase the distance until you reach your usual activity level.

An exercise plan will be made for you.



### **Take care of your surgical incision**

Follow the care instructions we gave you for your incision, that is the cut made during surgery. Take good care of your incision so that it heals quickly and there is no infection.

Make sure you know what warning signs to look for. Also, know when you need to call your surgeon. Make sure you have the phone number to call your surgeon's office.



**Your healthcare team is here to help. Ask us if you have any questions!**

# Introduction

## What is a care pathway?

When you come to the hospital for your bowel surgery, you will follow a care pathway. This will help you recover quickly and safely. Research shows that you will feel better faster if you do what is explained in this guide.

### **With this guide, we want to:**

- help you understand and prepare for your bowel surgery
- explain what you can do to feel better faster and go home sooner
- show you what to expect at the hospital on a day-to-day basis
- explain what to do at home to help you recover

**Take this guide with you when you come for your surgery. Your healthcare team can also review it with you if you have any questions.**

**Your healthcare team**





# Your healthcare team contact information

**If you have any questions, don't hesitate to phone us.**

Name of your surgeon: .....

Your surgeon's phone number: .....

**Contact information for your healthcare team:**

.....

.....

.....

.....



**Other important phone numbers:**

.....

.....

.....

.....

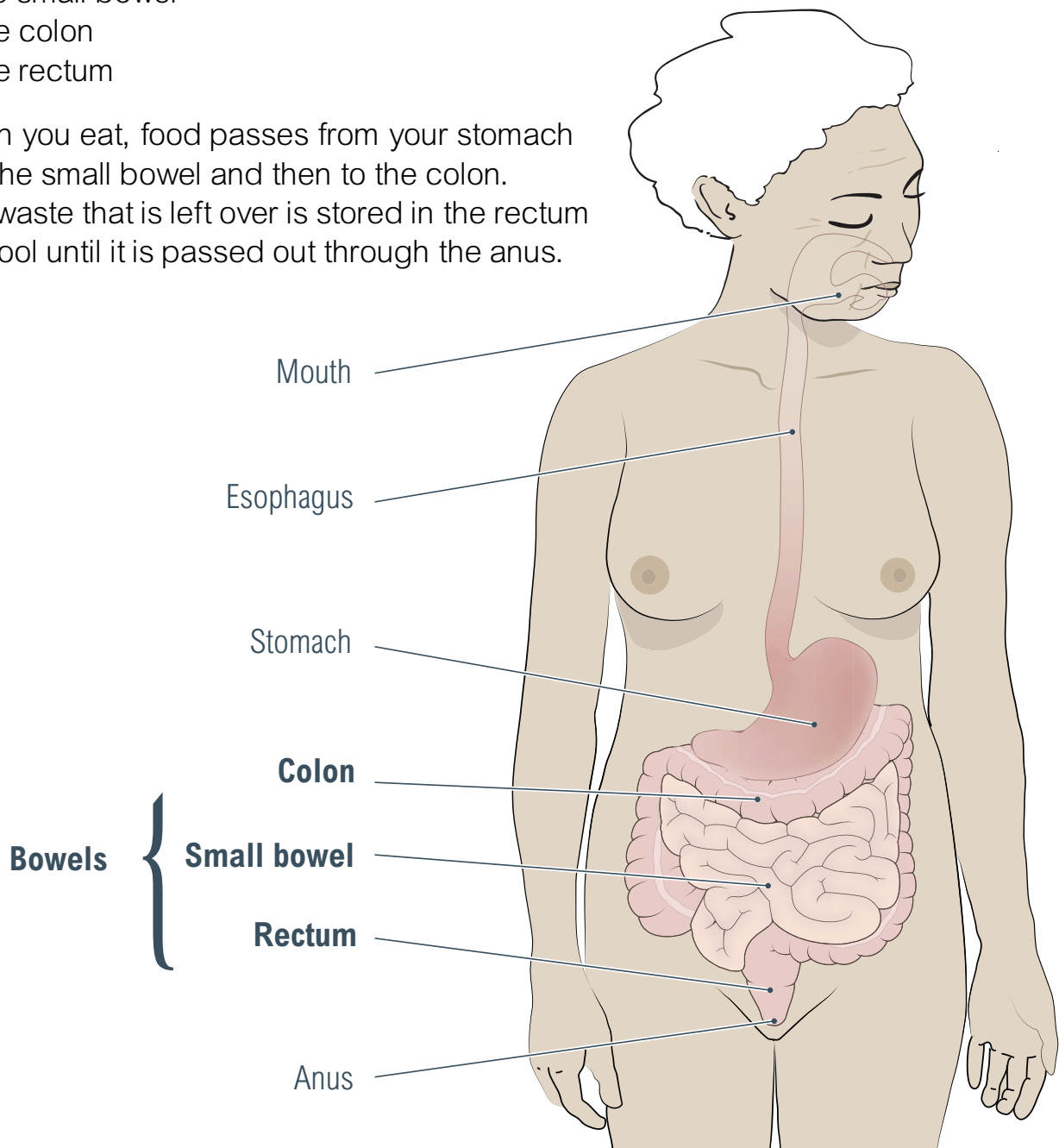
# What are the bowels?

Your bowels are located between your stomach and your anus. Bowels are also called intestines. They help your body get nutrients and fluid from the food that your stomach digests.

Bowels have 3 main parts:

1. the small bowel
2. the colon
3. the rectum

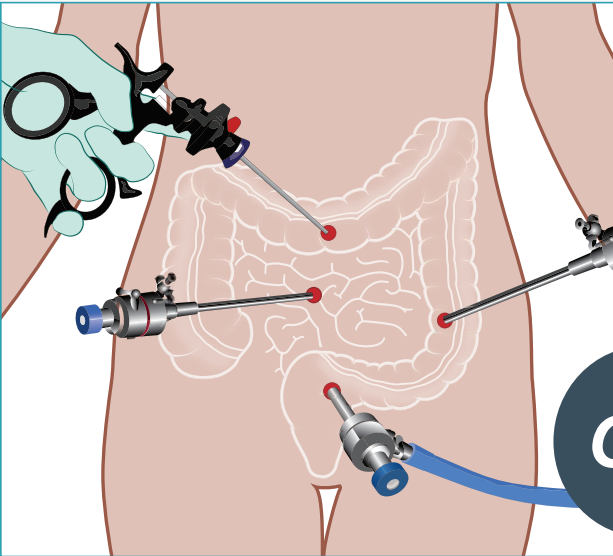
When you eat, food passes from your stomach into the small bowel and then to the colon. The waste that is left over is stored in the rectum as stool until it is passed out through the anus.



# What is bowel surgery?

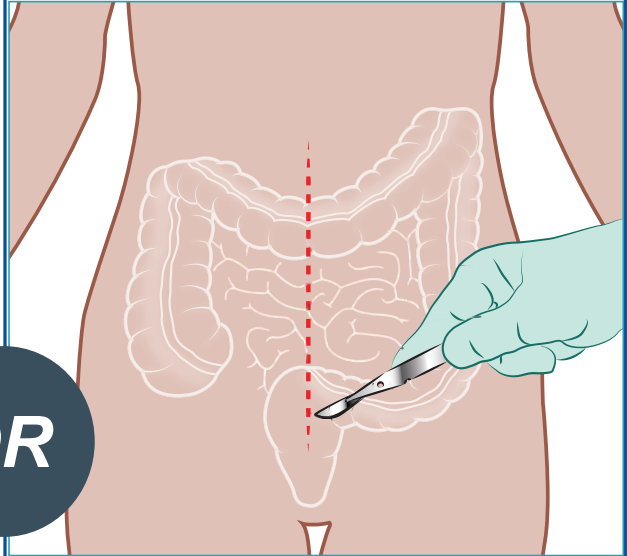
Bowel surgery removes the part of the bowel that is unhealthy. Bowel surgery is also called colorectal surgery. There are 2 ways to do the surgery. Your surgeon will explain which one is best for you.

## 1. Laparoscopic



This surgery involves making 4 to 6 small cuts in your belly. Through these cuts, a small camera and special instruments are inserted to remove the unhealthy part of the intestine.

## 2. Open surgery



This surgery involves making a single, larger cut in your belly. This cut is usually 10 to 20 cm long. The surgeon can then remove the unhealthy parts of the intestine without using a camera.

OR

# What is an ostomy?

Some people who have bowel surgery will also need to get an ostomy during surgery.

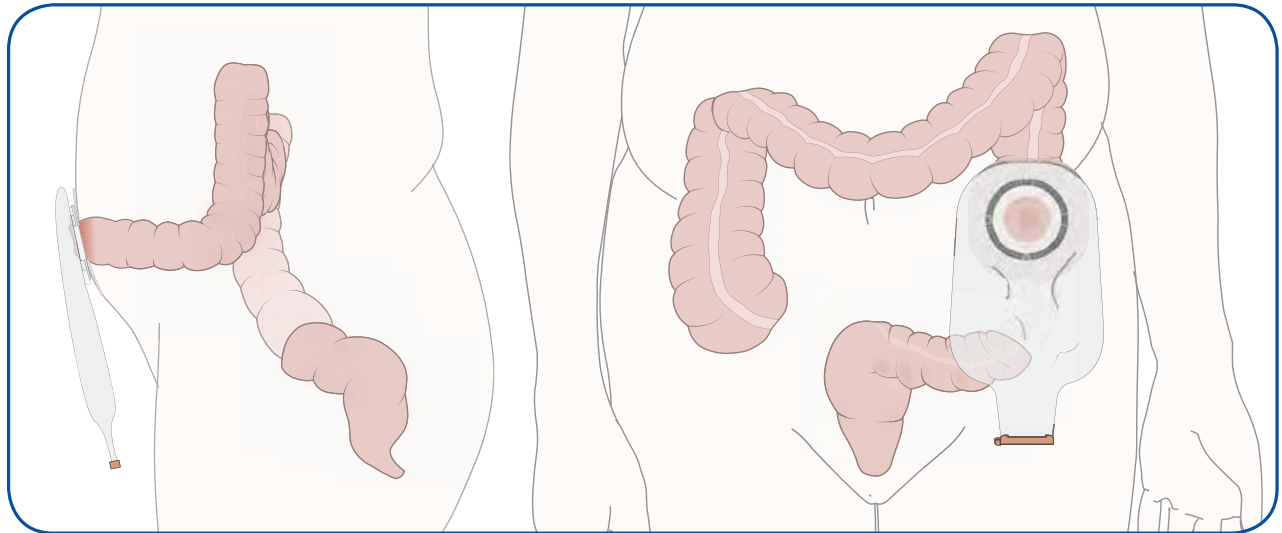
An ostomy is an opening in your belly. It replaces the opening used for stool and passing gas. This opening leads to a bag that must be emptied regularly.

The ostomy might be used for a short time, or it can be permanent.

Before the surgery, your surgeon will tell you if you need an ostomy. If you do, you will also meet with a nurse who specializes in ostomy care.

Your healthcare team will plan where the opening will be made and mark the place on your belly. The nurse will also show you how to take care of your ostomy.

An ostomy made in the small bowel is called an ileostomy. If you have one, you will pass more liquids than before. A dietitian can tell you what to eat and drink so that you do not lose too much liquid.



A nurse who specializes in ostomy care is also called an Enterostomal Therapist (ET) Nurse. You may contact the ET nurse if you have questions.

**Telephone:** .....

**E-mail:** .....

# Before your surgery

## Preparing for your surgery



### Be active

Try to exercise every day. Being physically active before your surgery can make a big difference in your recovery.

If you're already exercising, keep up the good work. If not, slowly begin adding exercise into your daily routine. Exercise doesn't need to be hard to make a difference. A 10-minute walk every day is a good start.

### Eat well

What you eat is important to your health. Eating well will help your body get ready for your surgery and recover from it. It will also give you the energy you need to do your exercises and feel better soon.

Your healthcare team will check if you need extra nutrition to get ready for your surgery. They might also check that you're getting enough fluids, so you're well hydrated.

It is very important that you eat good food and drink the recommended amount of fluids each day.

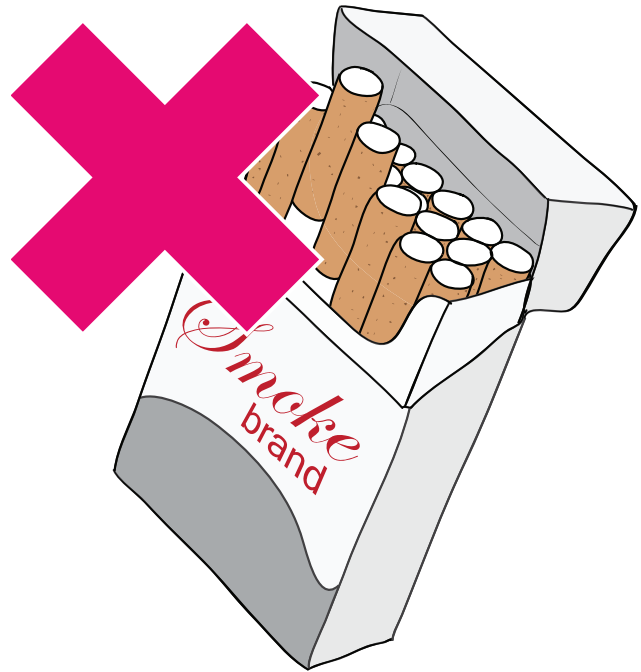
Eat a well-balanced diet by following Canada's Food Guide that includes key nutrients to help you be healthy. Eating a balanced diet means including a variety of foods from different food groups and eating three meals and some snacks every day.



## Quit smoking

If you smoke, quitting will do a lot to improve your health. Quitting at least 4 weeks before surgery can help you recover faster.

Quitting smoking isn't easy, so talk to your healthcare team. You can quit even if you have smoked for many years. Your healthcare team can help you.



See page 58 to learn more.  
It is never too late to quit!



## Reduce your alcohol use

Inform your healthcare team about how much alcohol you regularly consume. The amount of alcohol you consume can negatively affect your surgery. Your healthcare team can help you to cut down on your alcohol use.

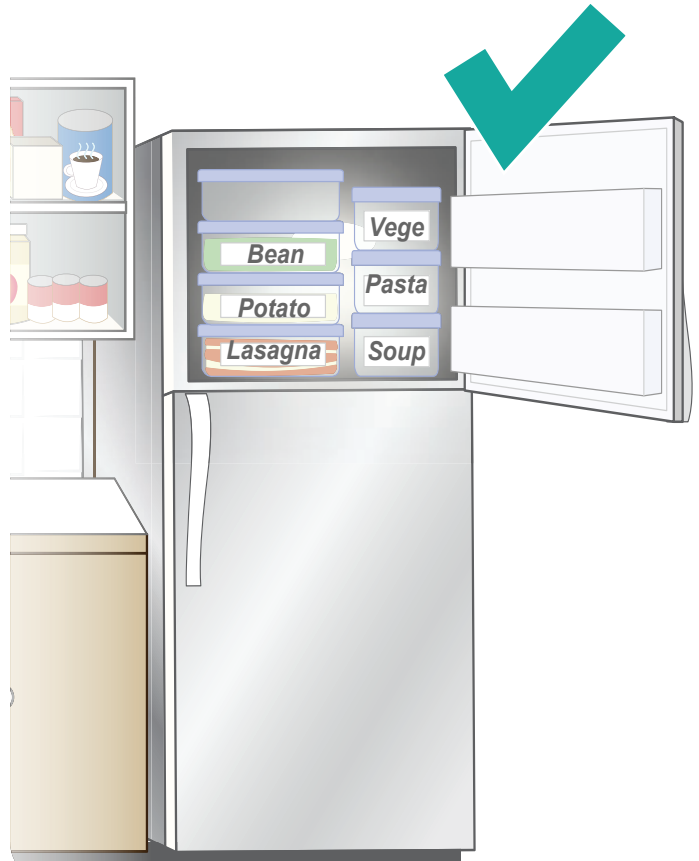
**Do not drink alcohol for 24 hours before surgery. Alcohol can change the way some medication work.**

## Plan ahead

You might need some help after your surgery. Ask your family and friends for help with meals, laundry, bathing, housework, and transportation. Make sure you have easy-to-prepare food in the refrigerator or freezer.

If you don't have enough help at home after your surgery, talk with your community health clinic. They might offer services like housekeeping or meal delivery.

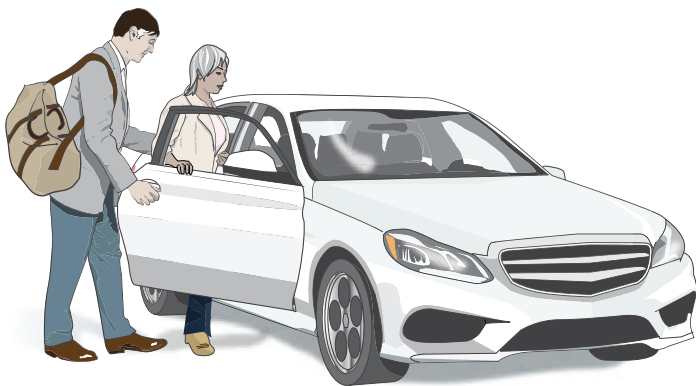
If you're worried about returning home after your surgery, speak with your doctor or another member of your healthcare team.



Before your surgery

## Arrange transportation

Since you won't be able to drive, you must arrange a ride to and from the hospital.



Ask your healthcare team when you might be discharged. You may be able to go home the same day as your surgery, but it is more likely that you will go home in the days following your surgery.

Tell your nurse if you're worried about going home.

# Visiting the Preoperative Clinic

Before your surgery, you will have to visit the Preoperative Clinic. The reason for this visit is to check your health, plan your care and make sure you're ready for the surgery.

During your Preoperative Clinic visit, you will meet with a nurse and a doctor. They will ask you questions, give you information and decide if you need to have additional tests.

They will ask you different questions, such as:

- Ask you about your health and any medical problems you have.
- Ask you about any medication that you're taking.
- Ask you about habits like smoking and alcohol use.
- Ask you about your nutrition, including whether you're drinking enough fluids.

They will also check your heart and lungs.

They will give you important information, such as:

- Tell you what exercises you should do before and after your surgery.
- Tell you how to get ready for your surgery.
- Tell you what to expect while you're in the hospital.
- Tell you what to expect after your surgery.



If you have medical problems, you might need to see another doctor like a specialist before having your surgery.







If you're not eating or drinking enough, you might need to see a dietitian who can help you with your specific dietary needs so that your body is able to heal better after surgery.

You should stay active before your surgery. Your healthcare team will make an exercise plan that's right for you. **See page 38** to learn more. If you have any concerns about your physical activity or moving around, talk to your healthcare team.



### **Keep your healthcare team informed.**

Tell the healthcare team if you:

- have diabetes
- have ever had bleeding that was hard to stop
- have ever had a blood clot
- have had a lot of nausea or vomiting after surgery
- get motion sickness

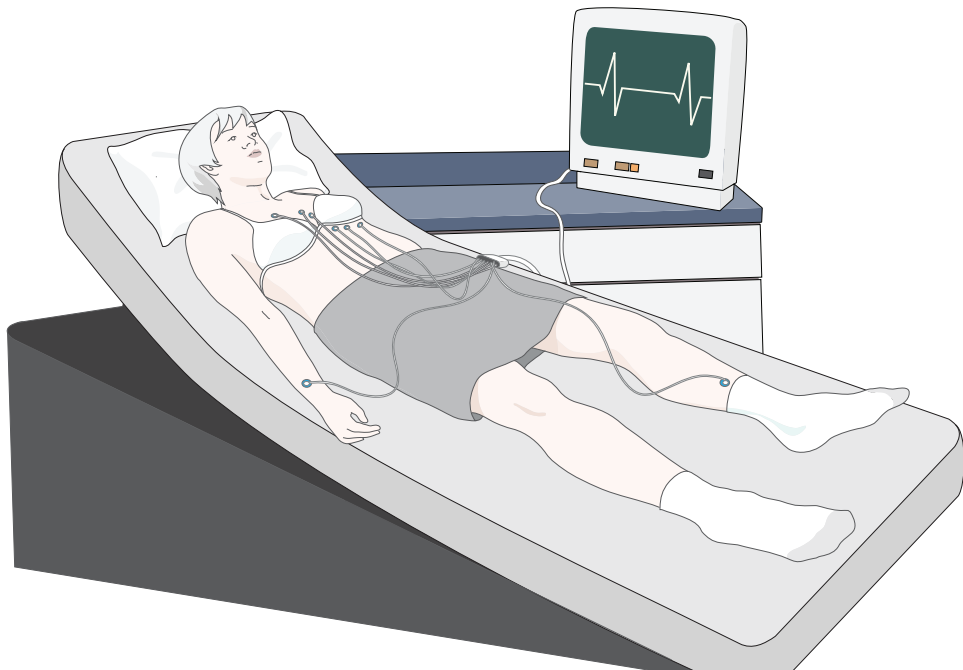
### **Tell the healthcare team about any pills or natural products**

that you're taking even if you bought them without a prescription.



**You might need** to stop taking some medications and natural products before your surgery. During the appointment, the doctor will tell you which medications you should stop and which ones you should keep taking.

Finally, you may be required to have additional tests such as blood tests or an electrocardiogram called ECG to check your heart.



**If you have any questions before your surgery**

call the Preoperative Clinic at: \_\_\_\_\_

Open Monday to Friday from \_\_\_\_a.m. to \_\_ p.m.

Preoperative Clinic Location: \_\_\_\_\_

# When to go to the hospital

You will be told what time to come to the hospital. Usually, you must arrive 2 hours before your planned surgery time. The time of the surgery isn't exact, it may be earlier or later than scheduled.

## **You should also know that:**

- If your surgery is scheduled on a Monday, the hospital may call you the Friday before.

You can write down the information regarding your surgery here:

**Date of your surgery:** \_\_\_\_\_

**Hospital arrival time:** \_\_\_\_\_

**Where to arrive:** \_\_\_\_\_

**Where to park:** \_\_\_\_\_

# Cancelling your surgery

If you cannot come to the hospital for your surgery because you're sick, pregnant, or for any reason, call the following 2 numbers as soon as possible:



1. Your surgeon's office: \_\_\_\_\_

**And**

2. The Operating Room Booking Office: \_\_\_\_\_

**If you call after 3 p.m.**, leave a message on the answering machine.

In the message, tell us:

- your full name
- the date of your surgery
- your telephone number
- your hospital card number
- your surgeon's name
- the reason for cancelling your surgery

Tell us also if there are certain times that you cannot have the surgery.

**If you need to cancel your surgery** the day before and if it is after 3 p.m.

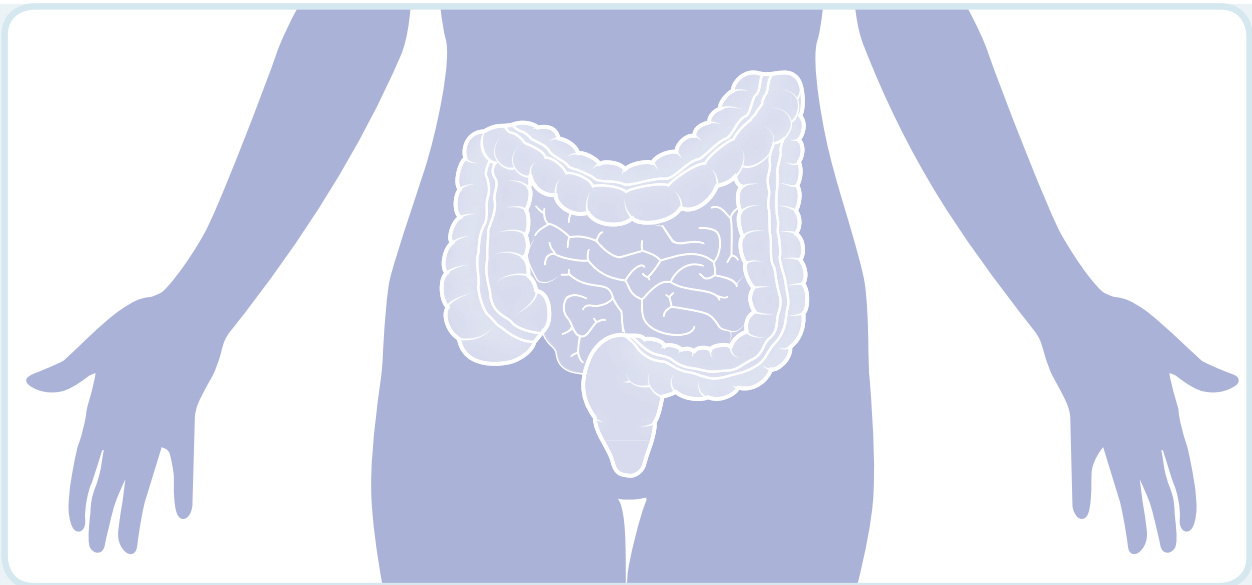
Call the Admitting Department at: \_\_\_\_\_

# Bowel preparation for the surgery

Some people will have their bowels prepared, or cleaned, for their surgery.

This is done using a laxative, that is a medication that helps pass stool. This can be done the day before surgery or just a few hours before surgery.

If needed, you will be given a prescription for the bowel preparation. When you have a bowel preparation, you will need to take antibiotic pills at the same time. Bowel preparation with oral antibiotics will help to prevent complications after surgery.



**The Preoperative Clinic nurse will explain the bowel preparation steps to you.**

# What you should eat or drink

The nurse will explain what to eat and drink before your surgery. If you're eating and drinking well, there will be no changes necessary. In some cases, your nurse might suggest that you drink more, so that you're well hydrated. Your nurse might also suggest how to take extra nutrients or get extra calories.



**Caution: Some people should not drink anything at all on the day of their surgery. Your nurse will tell you if you're not to drink anything.**

## The day before your surgery: with bowel preparation

If you were asked to take a laxative to prepare your bowels the day before your surgery:

- Before taking your laxative, have a light breakfast.
- Next, drink your laxative.
- All day, after taking your laxative:
  - Do not eat any food.
  - Do not have any dairy products or juice with pulp.
  - Drink only clear fluids all day. Clear fluids are liquids that you can see through.



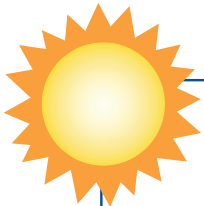
## The day before your surgery: without bowel preparation

- Eat and drink normally up until 6 hours before your surgery.
- You can continue to drink clear fluids up to 2 hours before your surgery. Clear fluids are liquids that you can see through.



### Here are examples of clear fluids:

- water
- fruit juices without pulp
- tea or coffee without milk or cream
- electrolyte containing sports drinks



## The morning of your surgery

- Do not eat any food.
- You can continue to drink liquids you can see through, up to 2 hours before your surgery.
- You may be given a special drink called maltodextrin by your healthcare team. If so, drink it 2 hours before your surgery, according to the instructions.



# What you should bring to the hospital

Here is a list of items you should bring to the hospital:

- This guide.
- Your private health insurance information and your hospital card. In some provinces, you may also need your provincial health card.
- The list of medications you take at home. Don't forget to include doses of prescribed and over-the-counter medications.
- Non-slip slippers or shoes and loose comfortable clothing.
- Your personal items: toiletries, tissues, phone and other devices, chargers.



## Other items, if needed

Bring your smaller items in a small bag with your name on it. There is very little storage space at the hospital, so bring these items only if you need them:



- Glasses, contact lenses, hearing aids, dentures. Bring their storage containers labelled with your name.
- Cane, crutches, or walker labelled with your name.
- CPAP machine if you have sleep apnea.

## Important to know:

Don't bring any valuable items, including credit cards and jewelry. The hospital isn't responsible for lost or stolen items.





# The day of your surgery

## At the hospital

When you arrive at the hospital, go to the admission area.

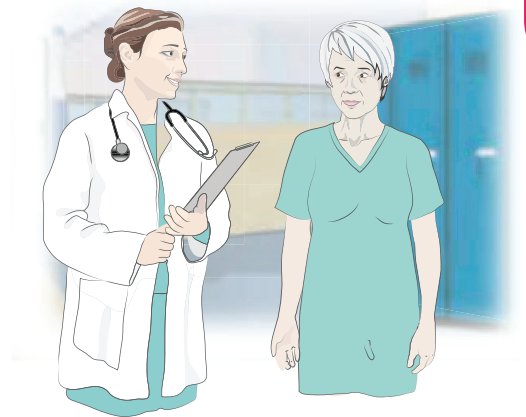
### Admission area

Go to \_\_\_\_\_ at the time you were told. There, you will sign an admission form. The admitting clerk may ask what kind of room you prefer to stay in after your surgery. You usually have the choice of a private or a semi-private room, if available.

### Surgical Admission area

#### At the Surgical Unit your nurse will:

- ask you to change into a hospital gown
- make sure your personal belongings are in a safe place
- fill out with you a before surgery checklist, also called preoperative checklist.



#### Before your surgery, you will get:

- Antibiotics through an intravenous line, often called an IV line.
- Pills to control pain. These pills may include acetaminophen such as Tylenol®, tramadol, and an anti-inflammatory pill such as Celebrex® or Advil®.



It is normal to feel nervous before a surgery.  
If you're feeling very anxious, please tell your nurse.

## Operating room

A patient attendant, also called an orderly, will take you to the operating room.

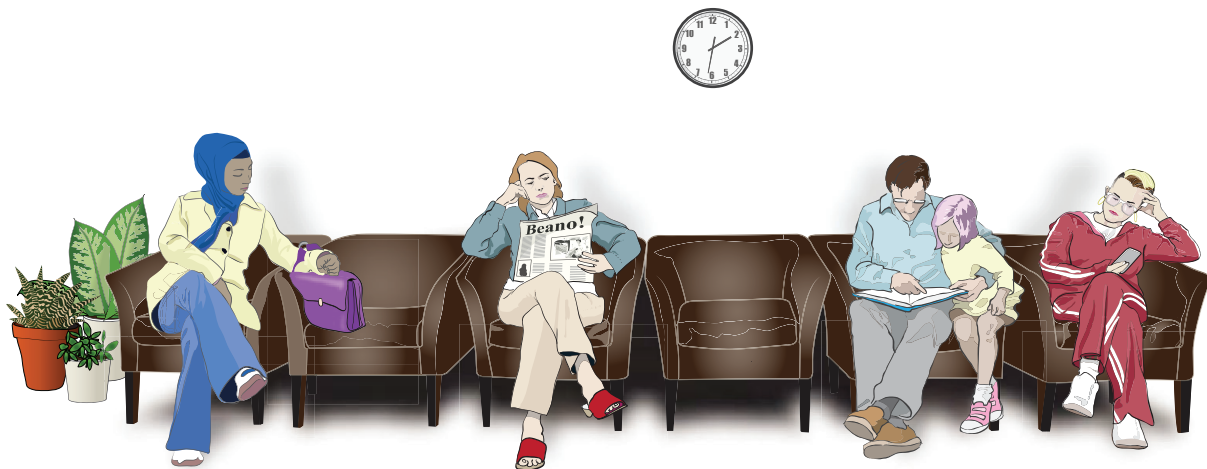
In the operating room, you will meet your surgical team including your anesthesiologist. The anesthesiologist is the doctor who will give you medication so that you can be asleep and pain-free during your surgery.

During surgery, your pain will be carefully controlled. The way your pain is controlled will be decided by the anesthesiologist and will depend on the way your surgery will be done.

You will get pain medication through an IV line in your arm. You will also receive pain medication in your back through an epidural.

## Waiting room

Your family and friends can wait for you in the waiting room. After your surgery, the Post-Anesthesia Care Unit (PACU) nurse will contact your family member or friend to tell them how you're doing. Since space is limited, please limit the number of people accompanying you.



## Internet access

Free Wi-Fi is available at the hospital.



### Connect to:

Network: .....

Username: .....

Password: .....

## Other resources

Coffee shops: .....

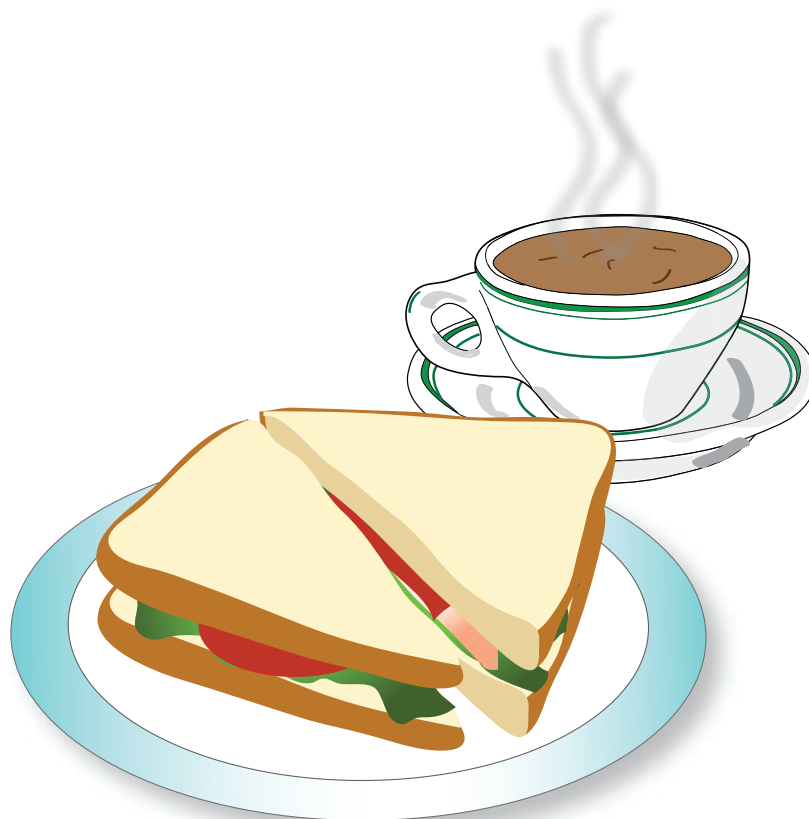
Cafeteria: .....

Bank machines: .....

Gift shop: .....

Library: : .....

.



# After your surgery

## Post-Anesthesia Care Unit (PACU)

After your surgery, you will wake up in the Post-Anesthesia Care Unit (PACU). This is also called the **recovery room**.

### You may have:

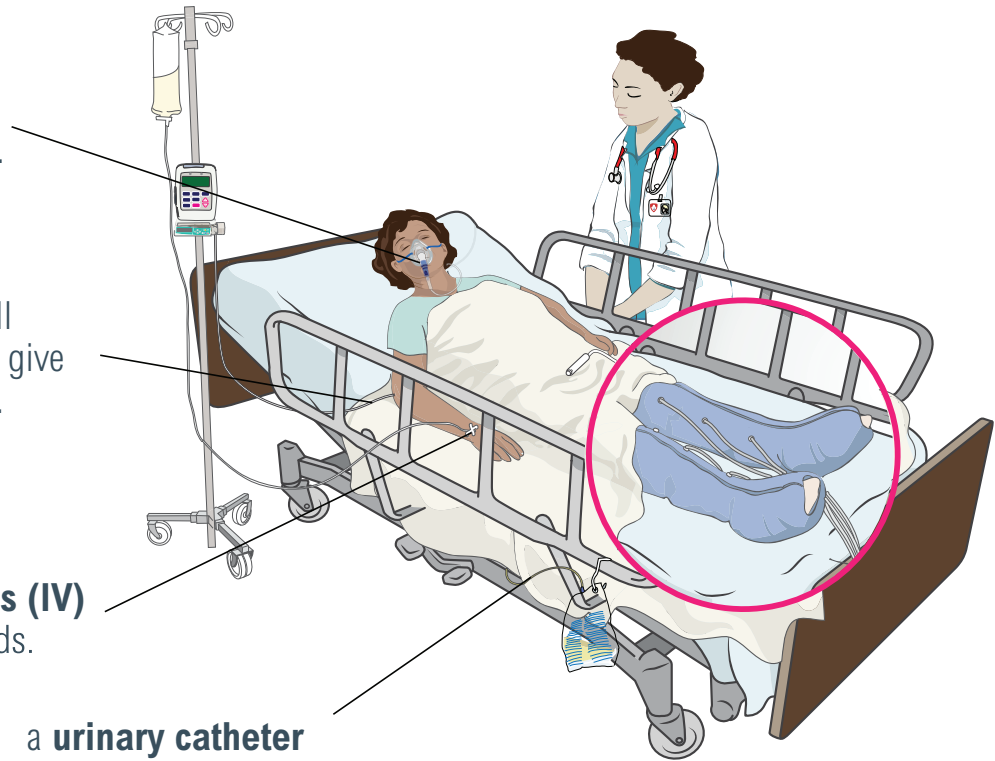
an **oxygen mask**  
to give you oxygen.

an **epidural** (a small  
tube in your back) to give  
you pain medication.

an **intravenous (IV)**  
to give you fluids.

a **urinary catheter**  
(tube) to drain urine  
(pee) from your bladder.

**inflating compression boots** on your  
legs. These help to prevent blood clots.



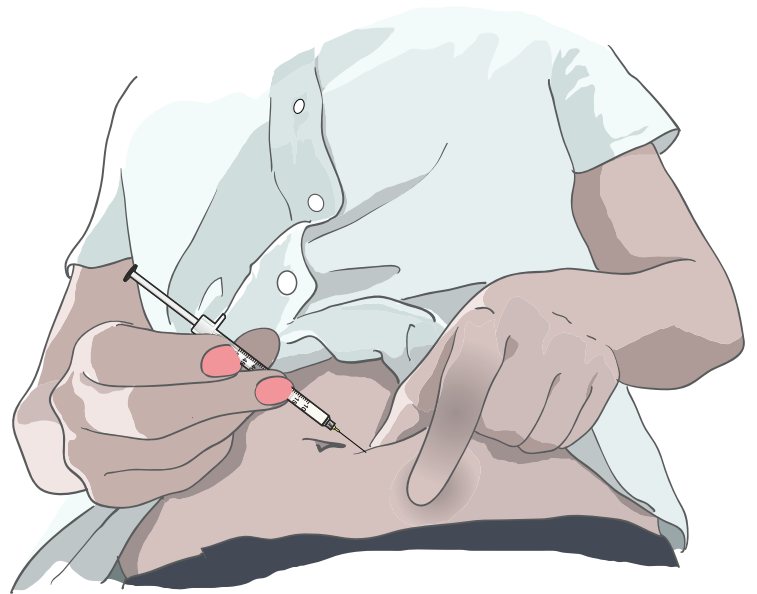
### Also, while you're there, your nurse will:

- check your pulse and blood pressure often
- check your bandages
- ask if you're feeling pain
- check that you're getting enough fluids
- make sure you're comfortable

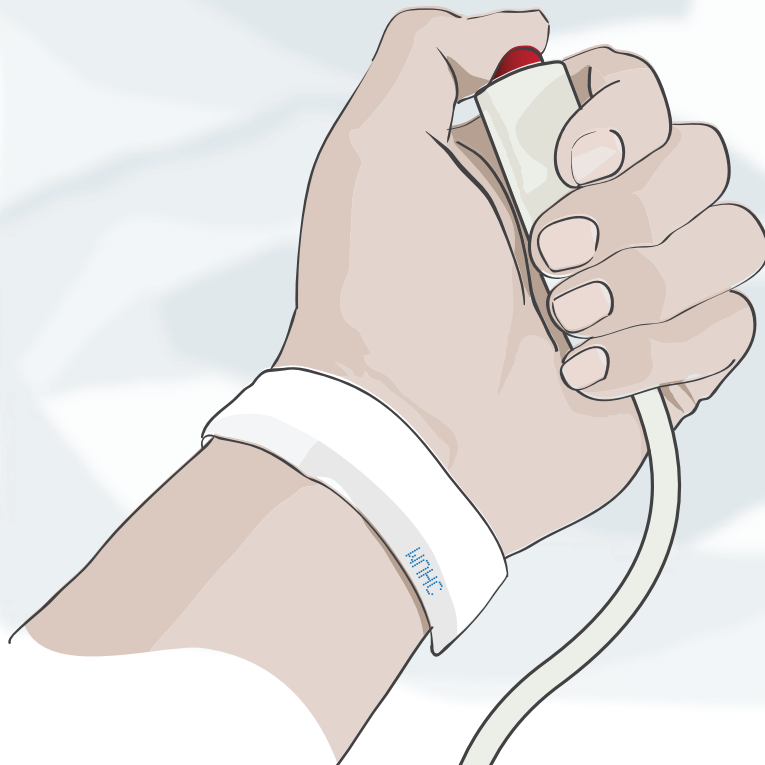
We will check your blood sugar levels after your surgery. If they are too high, we may give you insulin to keep your blood sugar levels under control.

You may have to receive a daily injection to prevent blood clots. It is a blood thinning medication. This medication is called heparin. Your surgeon will decide if you need it, when you should start getting it, and how long you should keep taking it.

When you're ready, you will be moved to your room on the surgery floor. Your family can visit you there.



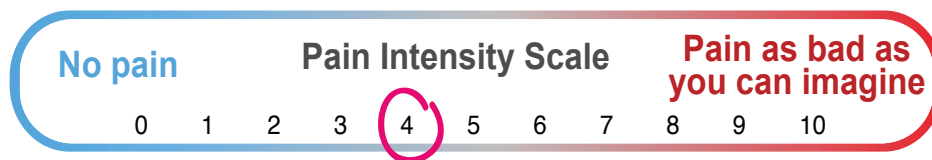
**Make sure your call bell is always easy to reach when you're in bed or sitting in a chair. Don't hesitate to use it if you need help.**



# Pain control

Pain relief is important because it helps you:

- breathe better
- move better
- sleep better
- eat better
- recover faster



Your nurse will ask you to rate your pain on a scale from 0 to 10.

0 means no pain and 10 is the worst pain you can imagine. Your nurse will give you medication if your pain level is above 4.

**Our goal is to keep your pain score below 4 out of 10.**



Don't wait until the pain gets too strong before telling us.

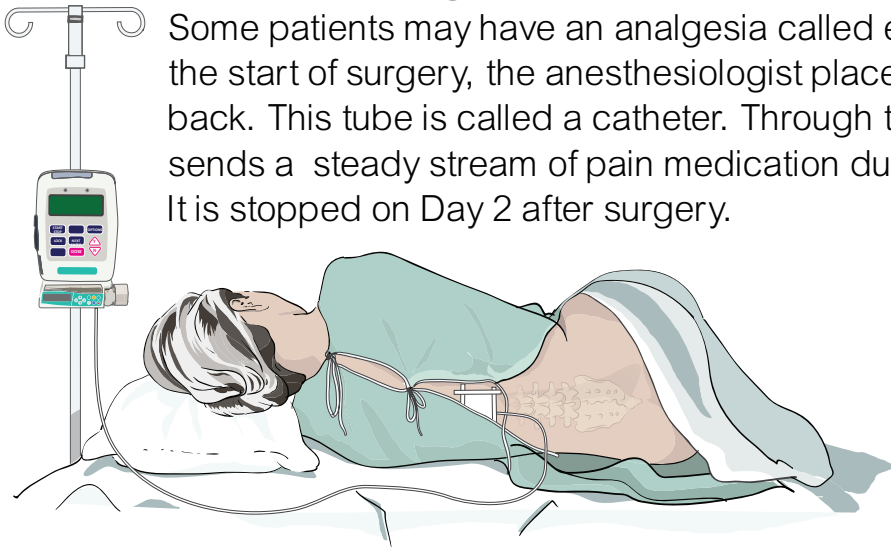
# Ways to control your pain

Another word for pain control is analgesia. There are different ways to control pain. We describe them briefly here.

Your surgeon or anesthesiologist will determine which method is most appropriate for you.

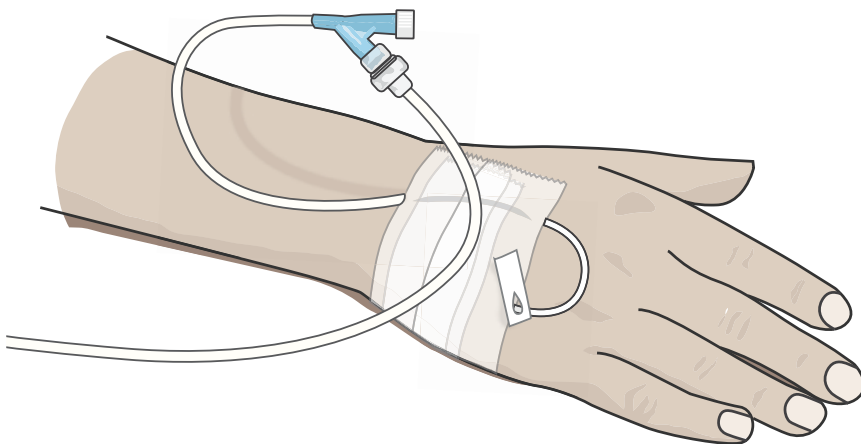
## Epidural Analgesia

Some patients may have an analgesia called epidural infusion. At the start of surgery, the anesthesiologist places a small tube in their back. This tube is called a catheter. Through this catheter, a pump sends a steady stream of pain medication during and after surgery. It is stopped on Day 2 after surgery.



## Intravenous Analgesia

Another way of getting pain medication is through an IV connected to a pump. This type of analgesia is stopped soon after your surgery. Then, pills are used instead to control pain.



## Patient-Controlled Epidural Analgesia (PCEA)

Some patients are given a button attached to the epidural pump. When pushing the button, the patient gets a safe dose of pain medication.

## Patient-Controlled Analgesia (PCA)

Some patients are given a button attached to the IV pump. When pushing the button, the patient gets a safe dose of pain medication.





## Pills

You will get pills to control pain after your surgery. You may receive a combination of acetaminophen, such as Tylenol®, tramadol, and an anti-inflammatory pill like Celebrex® or Advil®.

If this is not enough to control the pain, we will give you a stronger medication called an opioid. Opioid medications are safe if they are used in a careful and planned way. If opioids are used without a careful plan, or are taken by someone they weren't prescribed to, they can be dangerous as they are addictive.

If you were taking pain medication before your surgery, your body might have a **tolerance** to the medication. This means that you might need more medication to control your pain. If this happens, the healthcare team will help you control your pain using a safe combination of medication.



## Nerve Block

Some patients will get pain medication that numbs the nerves around their cut.

## Wound Infusion

Some patients will get a steady stream of pain medication into their cut.

# Exercises

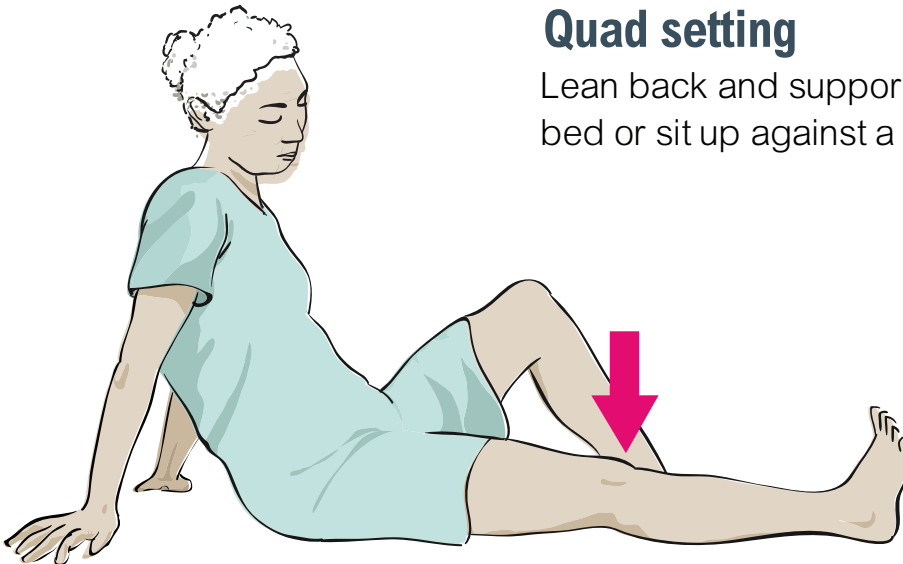
It is important to move around after your surgery. Not moving around for a long time can affect your entire body and lead to complications like pneumonia, blood clots, and muscle weakness. Exercising helps prevent these complications and helps you recover better.

Your healthcare team will make an exercise plan that is right for you. You can start your exercise plan as soon as you wake up and are in your hospital bed. Continue while you're in the hospital. You will also get special exercises to do when you go home.

Your family and friends can help you with these exercises in the hospital and when you go home.

## Quad setting

Lean back and support yourself on the bed or sit up against a wall.



Tighten your thigh muscle, that is your quads, in the leg that is straight. An easy way to do this is to push the back of your knee down to the floor. If you do the exercise well, you will notice that:

- Your thigh muscles will tighten.
- Your kneecap will move towards you.

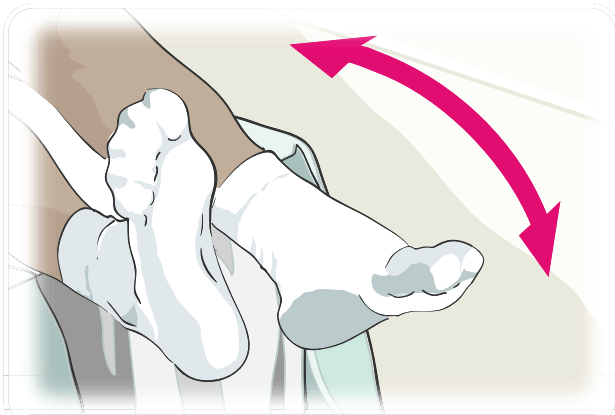
**Repeat** this exercise 8 to 12 times every hour.



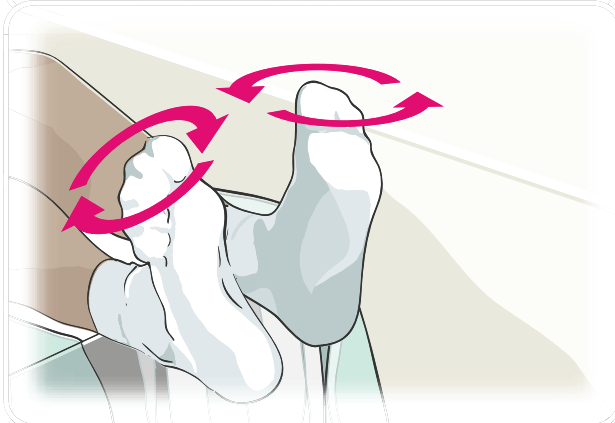
If you're getting an injection to prevent blood clots, it is still important to keep doing your leg exercises and being as active as possible. The combination of exercise and the injection is the best way to prevent complications from a blood clot.

## Leg exercises

These exercises help your blood flow in your legs. Repeat each exercises 4 to 5 times every half hour while you're awake.



- Wiggle your toes and bend your feet up and down.



- Rotate your feet to the right and left.

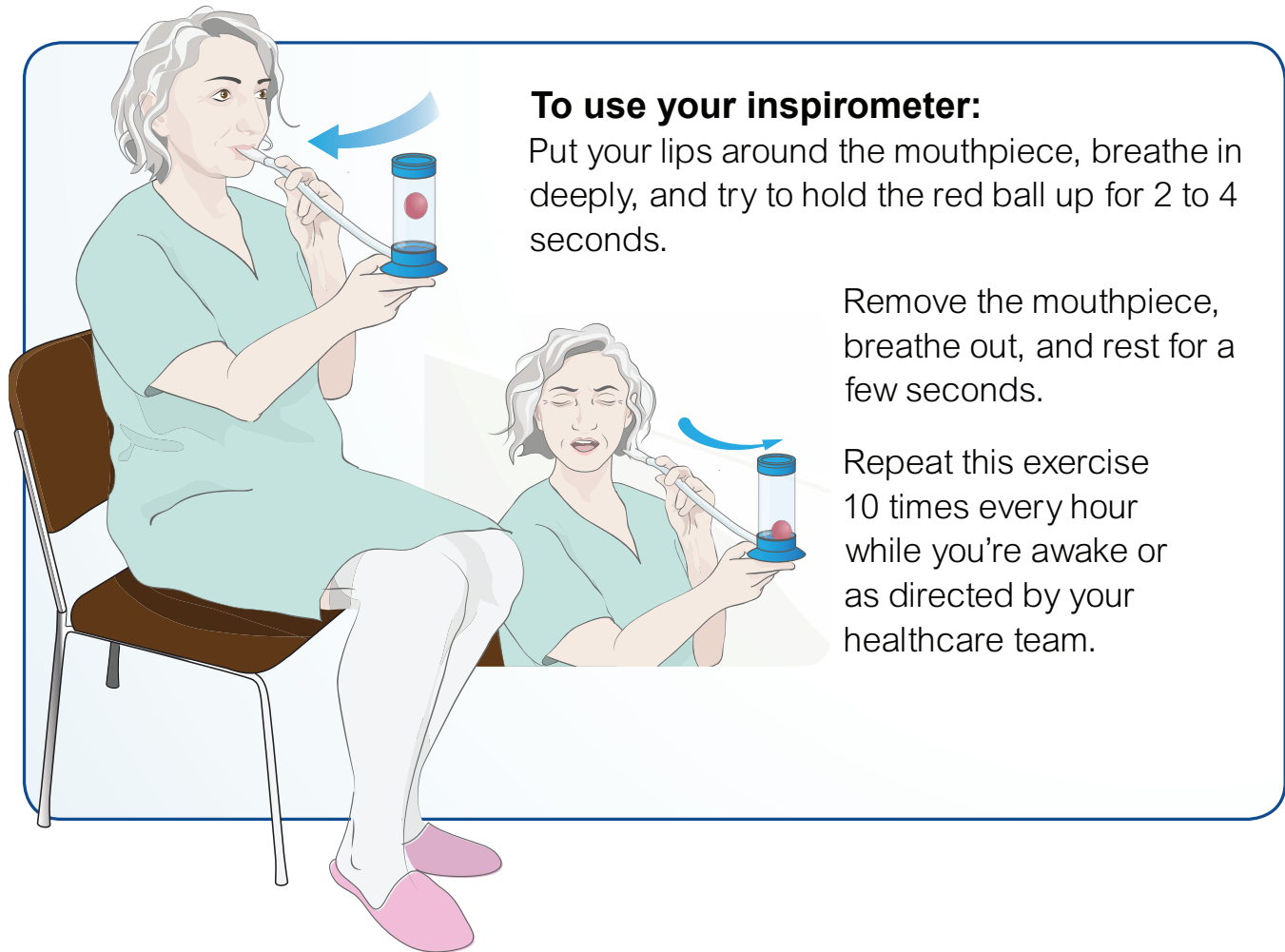


- Stretch your legs out straight.

## Deep breathing and coughing exercises

You will also have to do deep breathing exercises using an inspirometer.

An inspirometer is a device that helps you breathe deeply to prevent lung problems.



### To use your inspirometer:

Put your lips around the mouthpiece, breathe in deeply, and try to hold the red ball up for 2 to 4 seconds.

Remove the mouthpiece, breathe out, and rest for a few seconds.

Repeat this exercise 10 times every hour while you're awake or as directed by your healthcare team.

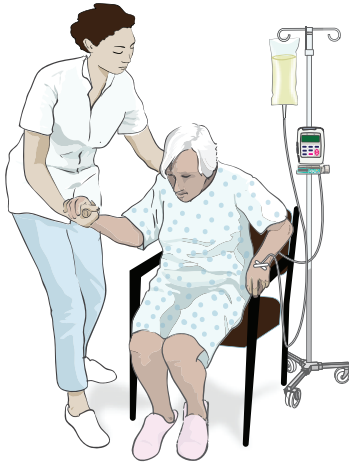
If you have some secretions, cough them up. It can help to hug a pillow against your belly over the place where you had your surgery as you try to cough.



# Goals for Day 0: the day of your surgery

To help you recover, we suggest setting goals for the days you're in the hospital.

The day of your surgery is called Day 0. Here are some goals you can set for yourself for the evening of your surgery:

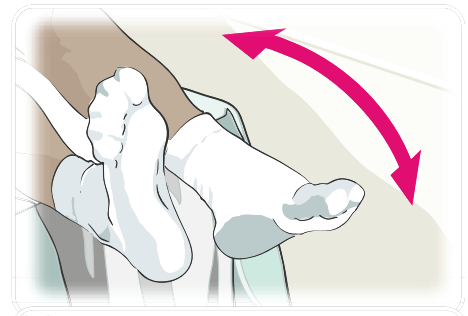


- Sit in a chair with your nurse's help.




- Drink clear liquids.

- Eat regular foods when you're ready.
- Do your leg exercises, see **page 39**.
- Do your breathing exercises, see **page 40**.
- Do your other exercises, see **page 51-54**.

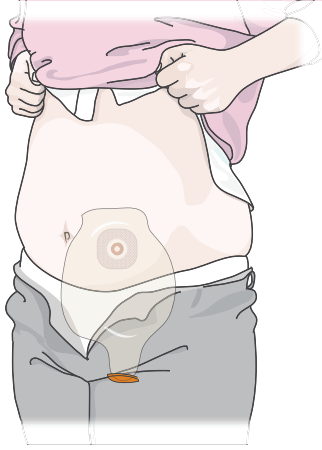


If you can stand easily, try walking. Walk only a short distance at first. Always have a member of your healthcare team with you in case you need help.

 Remember, exercise is important for your mobility and your health. Not moving around can slow down your recovery. Staying in bed for a long time can even cause serious health problems.

## **Tubes and lines**

If you are tolerating fluid, your IV line will be removed.



## **You have an ostomy**

If you have an ostomy, review the information provided by your healthcare team. Don't hesitate to ask the nurse any questions you may have.

# Goals for Day 1 and 2: the days after your surgery

Here are the goals you can set for yourself in the days following your surgery.

## Breathing exercises

Do your breathing exercises.

## Physical activities

- Sit in a chair for meals.
- Do your foot and leg exercises.
- Do your other exercises.
- Walk in the hallway 3 times a day, with help.
- Go on longer walks when you can.

### A good tip

A friend or family member can also help you go for walks. Speak with a member of your healthcare team to find out how they can help.

When you feel comfortable, go on longer walks. Take breaks when you need to.

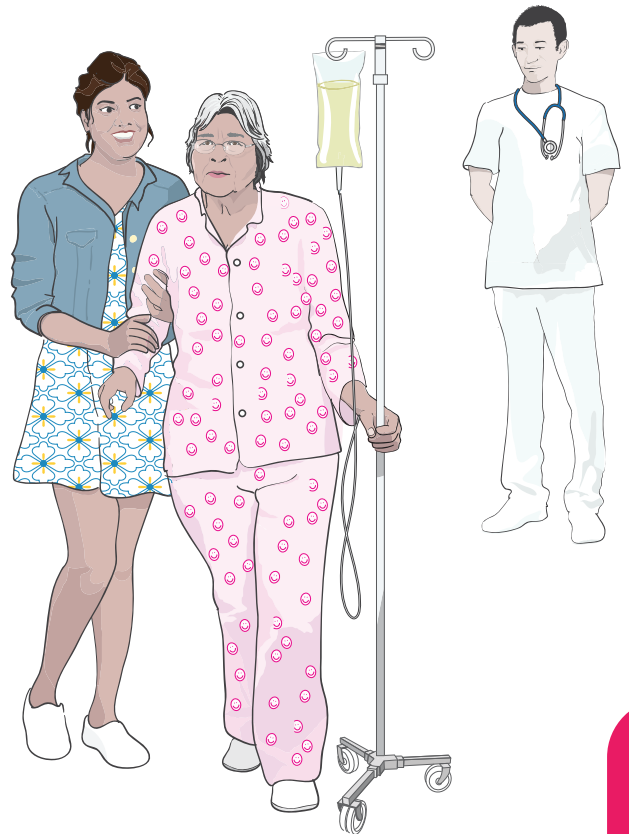
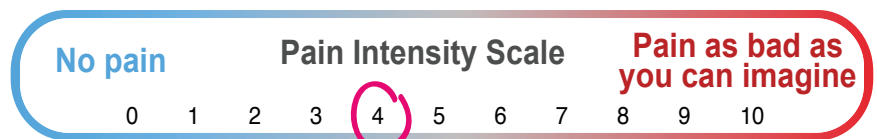


If you feel dizzy or have pain while standing or walking, sit back down. Take a break. Do an exercise that is easier, for example, a sitting or bed exercise.

You should not be in pain while doing exercises. Make sure your healthcare team knows if you're feeling pain.

## Pain control

Tell your nurse if your pain reaches 4 or more on a pain scale of 10.



## Diet

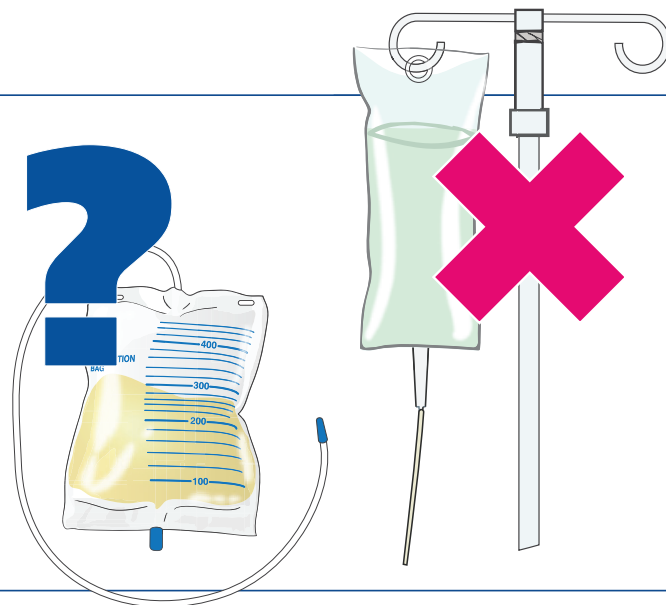
- Drink enough water to satisfy your thirst.
- Drink a protein drink like Ensure or Boost.
- Eat regular food.



## Tubes and lines

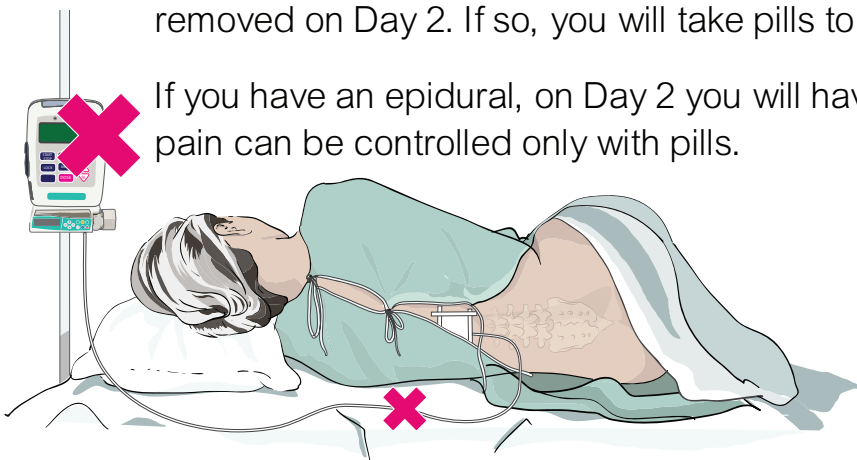
Your urinary catheter might be removed on Day 1 or remain in place for up to 3 days after surgery.

If you are drinking well and still have an IV line, it will be removed on Day 1 after surgery.



If you have a Patient-Controlled Analgesia (PCA) pump, it might also be removed on Day 2. If so, you will take pills to control your pain afterwards.

If you have an epidural, on Day 2 you will have a “stop test”, to see if your pain can be controlled only with pills.





# Going home



Before leaving the hospital, make sure you have the information for your follow-up appointment. You should also have a prescription for your medication.

A member of your healthcare team will give you an exercise plan to continue at home. This will help you recover so that you can return to your normal activities.

**See pages 51-54** for a list of exercises you can do every day.

If you need to have injections to prevent blood clots at home, your nurse will show you how to give yourself the injection.

# At home

## Pain management

You will have some pain and discomfort for a few weeks after your surgery. This is normal, but it will get better.

To relieve your pain, take acetaminophen, like Tylenol® and your anti-inflammatory first.



**Take the opioid prescribed to you only if your pain is still not controlled.**

If your pain medication causes burning or pain in your stomach, stop taking them and call your surgeon's office.

If you have severe pain, and your medication is not helping, call your surgeon's office. If you can't reach someone, go to the emergency.



**Pain medication may cause constipation.**

To help your bowels stay regular:

- Drink more liquids.
- Eat more whole grains, fruits, and vegetables.
- Exercise regularly: a 30-minute walk is a good start.
- Take stool softeners if advised to do so.

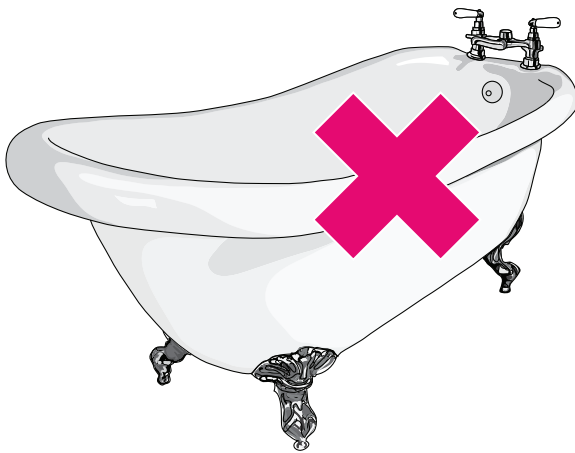


# Care of your incision

Your incision, that is the cut made during the surgery, may be slightly red and uncomfortable for 1 to 2 weeks after your surgery.

You can take a shower a few days after your surgery. The timing varies depending on the type of surgery you've had:

- 3 days after laparoscopic surgery
- 5 days after open surgery



**!** You have to wait 2 weeks after your surgery before taking a bath.

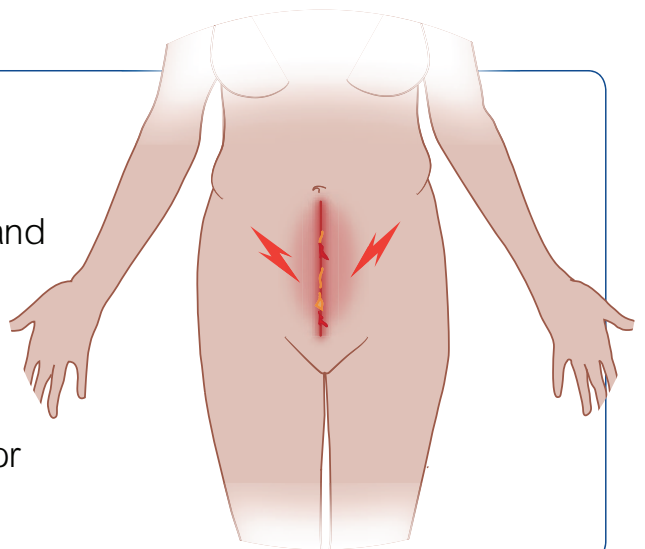
**!** While showering, let the water run softly over your incision and wash the area gently. Do not scrub.

Your nurse will arrange for your community health clinic to remove your clips or stitches about 7 to 10 days after your surgery. You will receive a call when you're back home.



## Contact your surgeon if:

- Your incision becomes warm, red, and hard.
- You see pus or drainage coming from it.
- You have a fever higher than 38°C or 100.4°F.



At home

# Food and beverages

You should eat a well-balanced diet by following Canada's health guide to support your nutritional needs for good health unless advised otherwise by your healthcare team.

Your bowel habits might change after your surgery. You might:

- have loose stools
- become constipated, or
- go to the bathroom more often

Over time, your bowel habits can return to normal.

Some foods might upset your stomach or cause loose bowel movements at first. If this happens, stop eating those foods for a few weeks. Start them one at a time when you feel better.

After surgery, it's especially important to eat foods that contain protein. Meat, fish, chicken, and dairy products are good sources of protein.

Eat foods that have protein to help your body heal. Your body needs protein to help build and repair muscle, skin, and other body tissues. Protein also helps fight infection, balance body fluids, and carry oxygen through your body.

Also, after your surgery, it is important to drink fluids to make sure you're well hydrated and to reduce constipation.

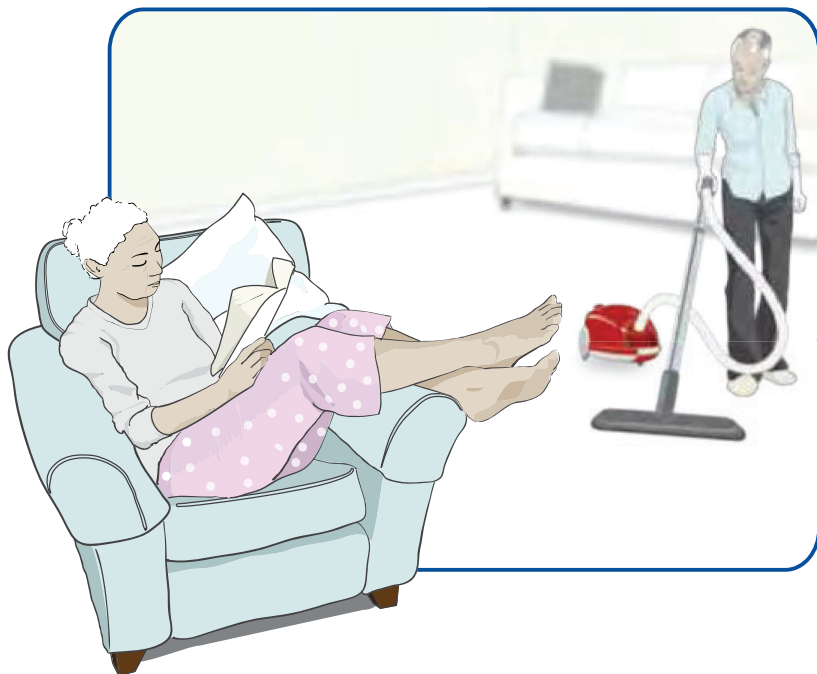
If you find you get full quickly, try eating smaller meals and add nutritious snacks between meals. You can try high protein, high calorie shakes or commercial supplements like Ensure or Boost.



**If you have nausea  
or if you vomit,  
call your surgeon.**



# Help with your daily activities



It's helpful to have family or friends help with different activities, particularly in the early days of your recovery. They can help with:

- transportation
- meal preparation
- laundry
- grocery shopping
- house cleaning

You may continue doing these things independently as you feel able, and in consultation with your healthcare team.

## Lifting heavy things

- Do not lift more than 5 kg (11 pounds) for 1 to 2 weeks after your surgery.
- Do not lift more than 15 kg (33 pounds) for 3 to 4 weeks after your surgery.

## Driving

Do not drive while you're taking narcotic pain medication.

## Going back to work

Ask your surgeon when you can go back to work. This will depend on your recovery and your type of work.

## Sexual activities

When you're pain-free, you can go back to doing most activities, including sexual activities.



At home

# Physical activity and exercises

Keep exercising regularly as it helps you recover.

Remember, exercise is important for your mobility and your health. Not moving around can slow down your recovery. Staying in bed for a long time can even cause serious health problems.

## Continue to walk 3 times each day.

Increase the distance until you reach your usual level of activity. You can also try climbing stairs as part of your exercise. If it is hard to climb stairs every day, try doing this every other day until you're more used to it.

## Try to get a total of 150 minutes of moderate exercise every week.

You can divide it up how you wish. For example, you can do 30 minutes of an activity 5 times a week. Good examples are walking or biking, but there are many others.



## Exercise plan

**Sample exercises**

Your healthcare team will create an exercise plan that is right for you. It may include some of the exercises listed below.

Repeat each exercise 8 to 12 times. This is called a set. Do 1 to 2 sets of each exercise. It is normal for the exercise to feel harder at the end.

**Wall exercises**

Stand arm's length away from a wall. • Place hands on a wall with your arms stretched out. • Take a step back so that you're leaning on the wall slightly. • Keep both feet together. • Stand on your toes. • Keep your back straight. • Bend your elbows so that your nose comes close to the wall. • Push on the wall to make your arms straight again. • Repeat.

51

Your healthcare team will give you an exercise plan. Follow the exercise plan. This may include leg, arm, and core exercises.

Start slowly. Gradually increase the number of exercises you do. These exercises will get easier over time. You will be able to do more. This will also help you get stronger and recover better.

It is normal to feel some stiffness or discomfort when you start new exercises. However, you should not be in pain when doing exercises.



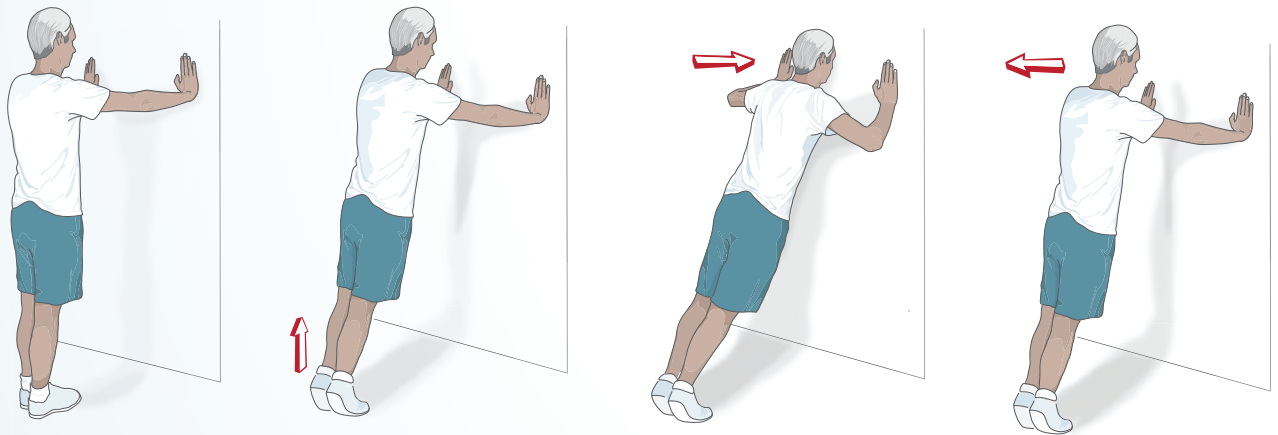
**If you're feeling pain, check that you're taking the medication that we gave you as prescribed. This should help control your pain.**

# Sample exercises

Your healthcare team will create an exercise plan that is right for you. It may include some of the exercises listed below.

Repeat each exercise 8 to 12 times. This is called a set. Do 1 to 2 sets of each exercise. It is normal for the exercise to feel harder at the end.

## Wall exercises



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## Bicep curl

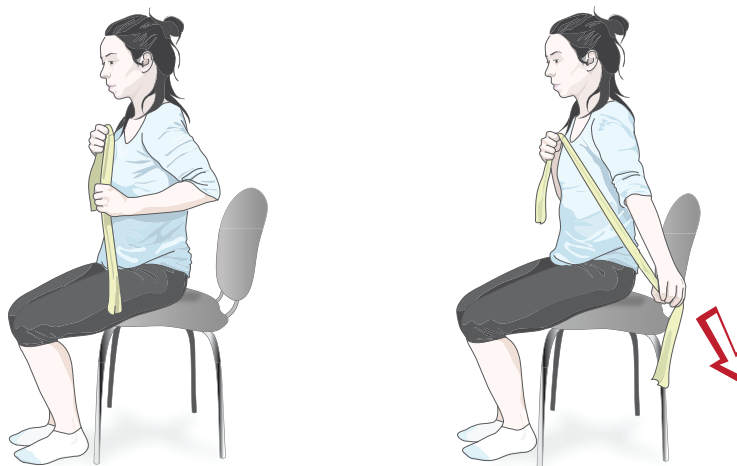


Sit on a chair or bench. • Place a large elastic band under both feet. • Hold the elastic in both hands with your arms down by your sides. • Keep palms facing out. • With elbows glued to your sides, bend your forearms up towards your shoulders. • Bring your arms back down. • Repeat.



You can use cans of food, water bottles or bags of beans instead of elastic bands.

## Tricep curl



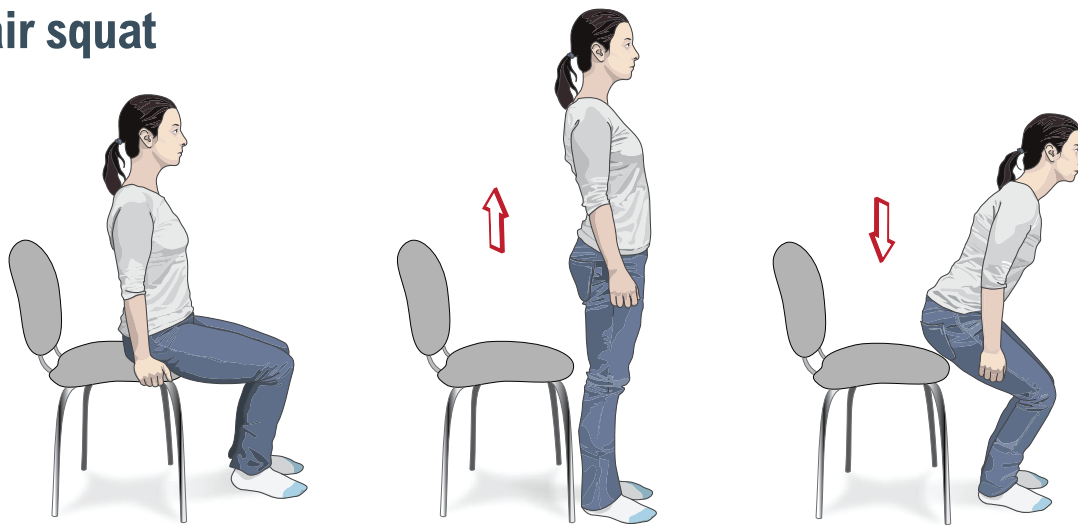
Hold the elastic in both hands to your chest • With one hand, keep your elbow glued to your waist and pull the elastic down • Bring your arm back up • Repeat.



You can use cans of food, water bottles or bags of beans instead of elastic bands.



## Chair squat

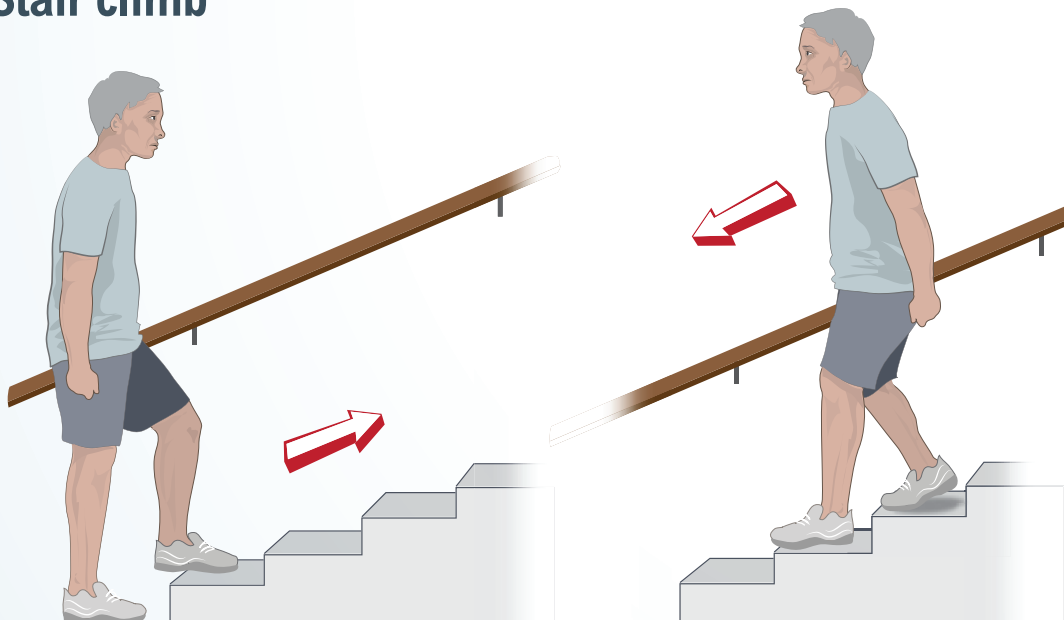


Sit at the edge of your chair with your legs at an angle of 90°. • Stand up without using your hands. • Sit back down. • Repeat.



Try not to move your feet.

## Stair climb

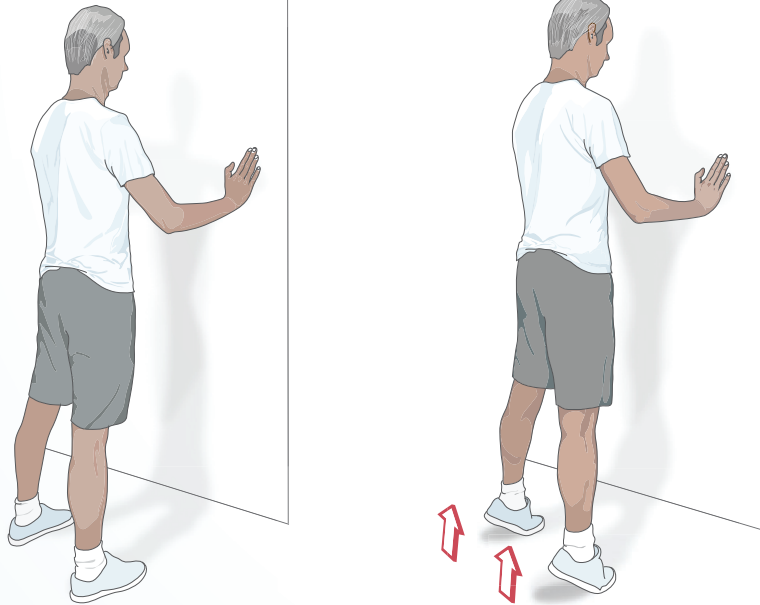


- Walk up and down a flight of stairs.



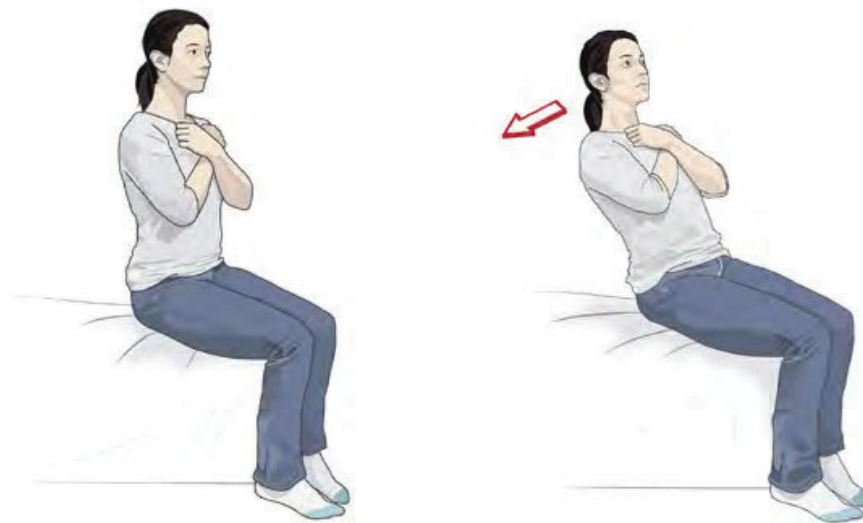
Try not to hold on to the railing or wall on the way up if possible.

## Calf raises



Stand facing a wall or a chair. • Be prepared to use it for support if needed. • Lift both heels off the ground at the same time. • Return heels to floor. • Repeat.

## Abdominal crunches



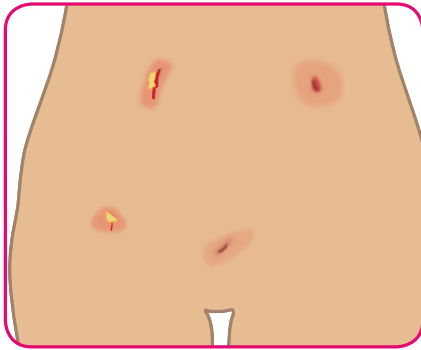
Sit at the edge of a chair or a bed. • Cross your arms over your chest. • With your feet on the floor, lean back as far as you can before your feet begin to lift off. • Hold this position for 2 seconds. • Sit back up. • Repeat.

# Reasons to call your surgeon

When you're back home, pay attention to your incision and to your general condition. Some problems may require you to contact your surgeon.

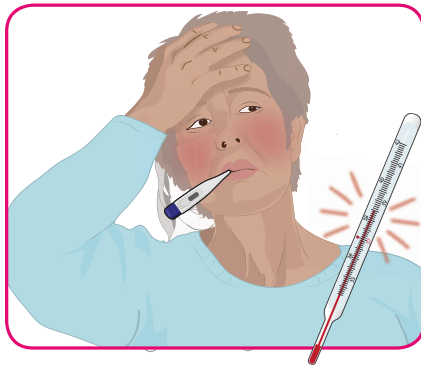
**Call your surgeon if you have any of the following problems.**

**Problems with your incision, such as:**



- pus or drainage coming from your incision
- a warm, red and hard incision

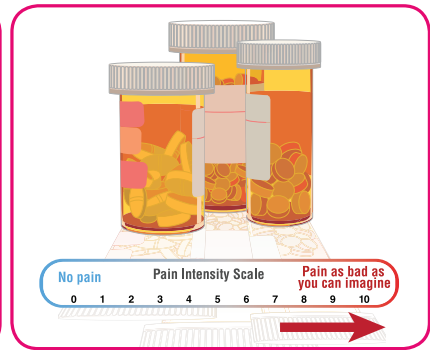
**Other problems, such as:**



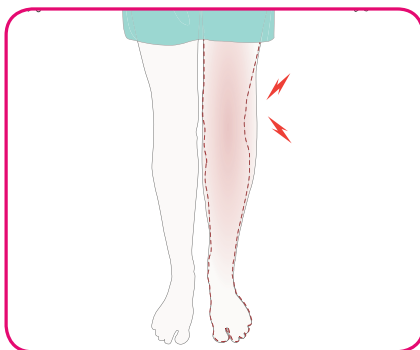
You have a fever higher than 38 °C/100.4 °F.



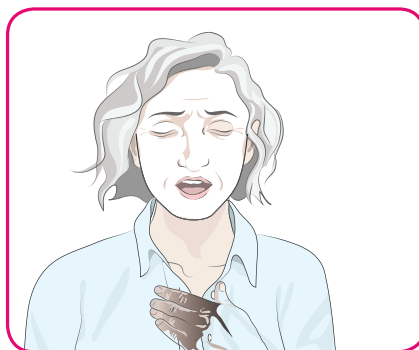
You cannot drink or keep liquids down, you have nausea or you're vomiting.



Your pain is getting worse and your pain medicine does not help.



You have redness, swelling, warmth or pain in your leg.



You have trouble breathing.



You urinate a lot, have a burning feeling or pain when you pee, or always feel a strong need to pee right away.

- You have bright red blood from your anus.
- You don't have a bowel movement within 7 days from your surgery.

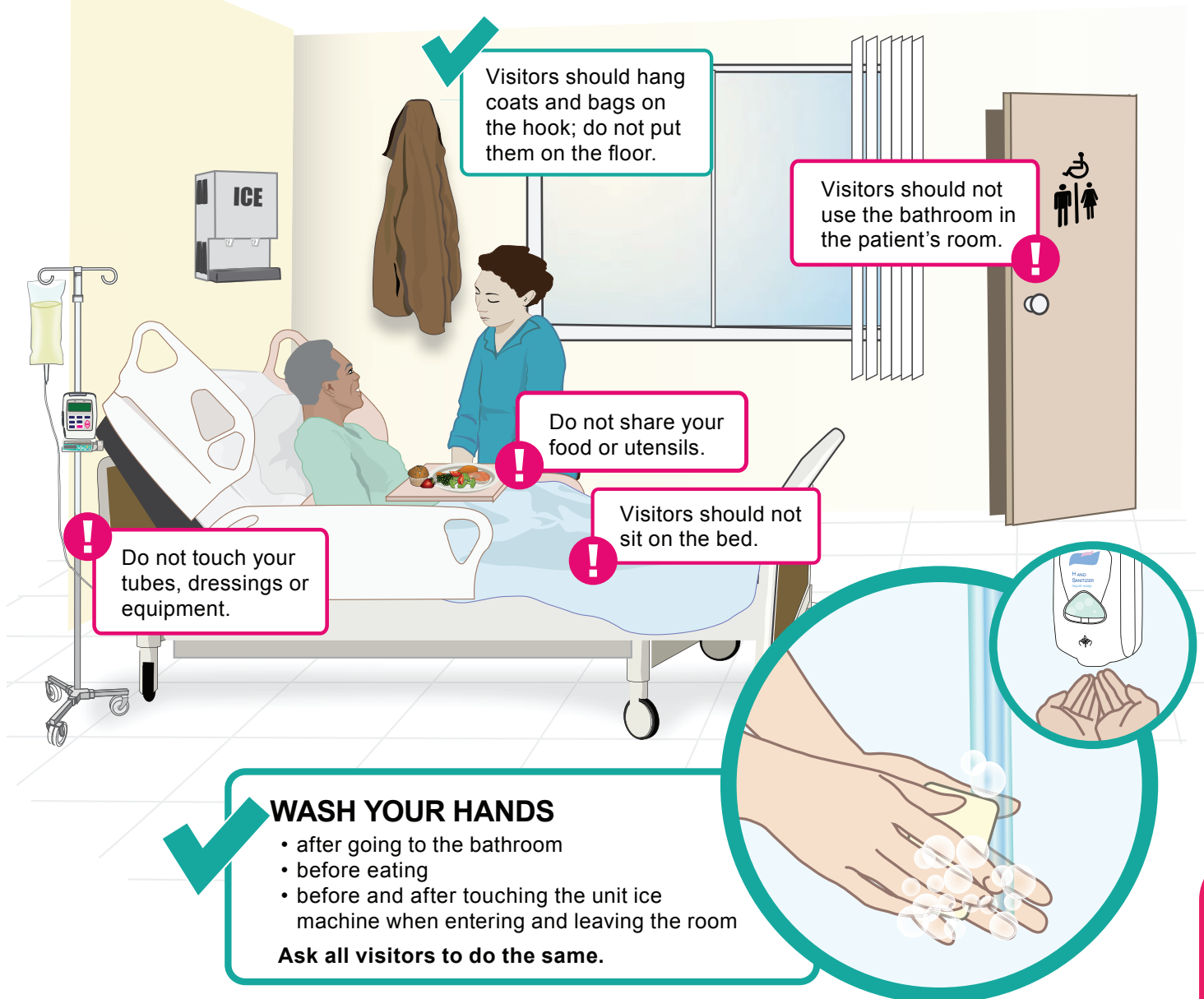


**If you cannot reach your surgeon, go to the nearest Emergency Department.**



# Resources

## Preventing infections in your hospital room



# Websites of interest

## Resources to help you stop smoking



Stop Smoking Program - <https://mha.nshealth.ca/en/stop-smoking-program>

Healthy NS - <https://library.nshealth.ca/HealthyLiving/RegisterForPrograms>

Tobacco Free NS - <https://tobaccofree.novascotia.ca/>

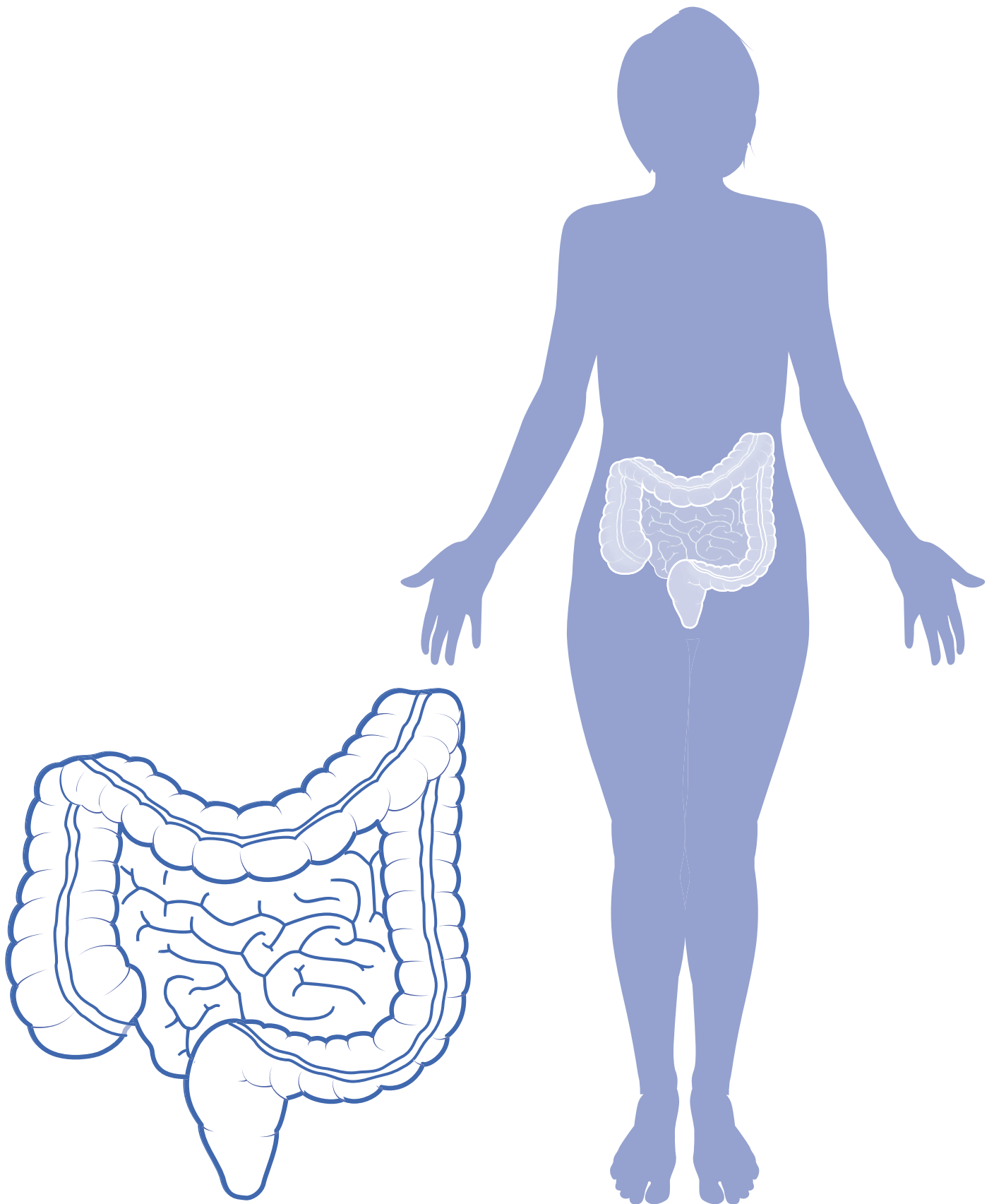
## Looking for more information:

Healthy NS Online Health and Wellness Programs

<https://library.nshealth.ca/HealthyLiving/RegisterForPrograms>



## Notes





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